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Wisconsin Department of Agriculture, Trade and Consumer Protection *Division of Agricultural Development*AmeriCorps Farm to School Program
PO Box 8911, Madison, WI 53708-8911
Phone: (608) 224-5017 Fax (608) 224-5111



AmeriCorps Farm To School Program - Member Application

Statute 93.49; WI. Stat.

| Section I: Applicant Information | | | | | | |
|-----------------------------------------------------------------------------------------------------------|----------------------------------|----------------------|---------------------------|--|--|--|
| NAME | | HOME PHONE: | CELL PHONE: | | | |
| | | () - | () - | | | |
| ADDRESS STREET | CITY | | STATE ZIP | | | |
| | | | | | | |
| E-MAIL: | | | | | | |
| | | | | | | |
| Best way to contact you: Home Phone ☐ Cell Ph | none E-Mail | | | | | |
| | | | | | | |
| Are you a United States citizen, national, or lawful pe | rmanent resident alien? Ye | es 🗌 No 🗌 | | | | |
| Have you previously successfully completed an Ame | vriCorns Program? Ve | es 🗌 No 🗌 | | | | |
| If yes, when and what program? | inoorps i rogium: | .5 | | | | |
| if yes, when and what program? | | | | | | |
| Have you exited an AmeriCorps program without rec | eiving an education award? Y | es No 🗆 | | | | |
| | | | | | | |
| Select the highest level of education that you will have | ve completed by the time you | are planning to serv | e in AmeriCorps. | | | |
| ☐ Some high school ☐ High s | school diploma or GED | ☐ Technical so | hool/Apprenticeship | | | |
| ☐ Associate's degree ☐ Some | college | ☐ Bachelor's d | degree | | | |
| ☐ Graduate degree ☐ Other | (Please specify): | | | | | |
| | | | | | | |
| Section II: AmeriCorps Farm to School Position | | | | | | |
| AmeriCorps in our program typically serve in 12 mc Reduced time positions may be offered later in the | | t 15th. | | | | |
| Reduced time positions may be offered later in the | Service year. | | | | | |
| Which service term position are you applying for? |] Half-time 900 hours (18 hr/wee | ek) 🔲 Full-Time 17 | 700 hours (30 hr/week) | | | |
| | _ | _ | | | | |
| Please indicate if you would be interested in a reduce | ed time position: U Quarter-tir | me 450 hours | intime (summer) 300 hours | | | |
| Nutrition Educators: Members deliver nutrition and | d garden based education to | students in early ca | re to grade 12. They | | | |
| introduce fresh local foods through tastings, school | · · | • | • | | | |
| connect farmers to the classroom through in-class p | <u> </u> | • | | | | |
| closely with teachers, school staff, and the host site Community Outreach Members: Members recruit | • | • | | | | |
| participate in a community based Farm to School Ta | • | | | | | |
| develop promotional materials, and work directly wit | | | _ | | | |
| schools. | | | | | | |
| Which type of program position are you applying for | ? Nutrition Educator | Community Outread | ch | | | |
| Please color the region(s) would you profes to be an | noidered for /may be serting | ad on payt page) | | | | |
| Please select the region(s) would you prefer to be co | <u> </u> | | | | | |
| Ashland Appleton | ☐ Bayfield | □ I | Beloit | | | |

| ☐ Eagle | ☐ Eagle River ☐ Mac | | ☐ Manitowoc | | | Milwaukee | | | | | |
|----------------------------------------------------------|--------------------------|----------------------------------------------------------|---------------------------------|------------------------------|--------------------------------------------|-------------------------------------|--------------------------------------|----------------------|------------------------|--|--|
| ☐ Oshko | sh | ☐ Prairie du Ch | ien | □R | ichland Center | | ☐ Spoon | | | | |
| ☐ Stever | ns Point | ☐ Washburn | | □ v | /aupaca | | ☐ White | water | | | |
| Section | III: Education and W | ork/Volunteer H | listory | | | | | | | | |
| | attach a resume in lie | | | | | | | | | | |
| | | 1 0 | | | | | | | | | |
| Education Background: NAME OF HIGH SCHOOL OR GED PRGRAM | | lic | LOCATION | | DII | D YOU GRADUATE? | VEAR | YEAR DIPLOMA GRANTED | | | |
| NAME OF HIGH SCHOOL ON GED FRONAIN | | | LOCATION | | | es NO | OII LOWA ORANTED | | | | |
| NAME OF COLLEGE OR TECHNCAL SCHOOL | | · | HIGHEST DEGREE/CERTIFICATI | | | YEAR DEGREE OR CERTIFICATION GRANTE | | | | | |
| NAME OF COLLEGE OR TECHNCAL SCHOOL | | | | HIGHEST DEGREE/CERTIFICATION | | | YEAR DEGREE OR CERTIFICATION GRANTED | | | | |
| Voluntee | r History: | | | | | | | | | | |
| MO/YEAR | ORGANIZATION SERVED | IZATION SERVED | | | TITLE AND DUTIES | | | | | | |
| MO/YEAR | ORGANIZATION SERVED |) | | | TITLE AND DUTIES | | | | | | |
| MO/YEAR | ORGANIZATION SERVED | DRGANIZATION SERVED | | | TITLE AND DUTIES | | | | | | |
| Employn | nent History: | | | | | | | | | | |
| MO/YEAR | 1 | PLOYER NAME & CONTACT INFORMATION JOB TITLE AND DUTIES | | | REASON FOR LEAVING MAY WE CONTACT YES NO | | | | | | |
| MO/YEAR | EMPLOYER NAME & CONT | ACT INFORMATION | JOB TITLE ANI | REASO | REASON FOR LEAVING M. | | | | | | |
| MO/YEAR | EMPLOYER NAME & CONT | ACT INFORMATION | NFORMATION JOB TITLE AND DUTIES | | | REASON FOR LEAVING | | | MAY WE CONTACT? Yes NO | | |
| | | | | | | | | | | | |
| _ | ever been released fro | om employment o | or volunteer | service fo | r cause? Yes | ı | No 🗌 | | | | |
| ii yes, pi | ease describe: | | | | | | | | | | |
| Referenc | es: Please give at lea | ast one work refe | rence | | | | | | | | |
| | | | CT INFORMATION | | RELATIONSHIP TO A | | PPLICANT | | | | |
| NAME | CONTACT INFORMATION | | RELATIONSHIP TO APPLICANT | | | CANT | | | | | |
| NAME | CONTACT INFORMATION | | RELATIONSHIP TO | | | PPLICANT | | | | | |
| Diagram l'a | | th at | | | | | | | | | |
| Please IIS | st any additional skills | tnat would add to | your quaim | ications to | or this program: | | | | | | |
| | | | | | | | | | | | |
| Section | IV: Motivational Stat | ement | | | | | | | | | |
| Please d | escribe why you want | to serve with the | | s Farm to | School Program | n. | | | | | |
| ii you ne | ed more space you m | ay allach a sepa | rate paper. | | | | | | | | |

| Section V: Applicant Background Consent Form | | | | | | | | |
|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------|-------------------------------------------------------------|--------------------------|----------------------|------------------------|---------------------------|------------------------|----|
| POSITION/JOB TITLE: AMERICORPS FARM TO SCHOOL | | | | | | | | |
| Applicants are hereby notified that a criminal background check information obtained as a result of the criminal background che Wisconsin's Fair Employment Law, s. 111.31-111.395, Wis. Stapending charge; however, it is not discrimination to decline to he the arrest or conviction is substantially related to the circumstar Please complete the information below: | eck will ats., pro pire a pe | be retained in you ohibits discriminaterson based on the | ır ap tion t ne pe | plication because | n file whice of a crin | ch is c ninal r | onfidentia ecord or | Í. |
| NAME | | | DAY PHONE: | | | EVENING PHONE: | | |
| | | | (|) | - | (|) - | |
| ADDRESS STREET | CITY | | | | | STATE | ZIP | |
| FORMER NAME(S) (if applicable) | DATE OF BIRTH (N | | |)/YYYY): | SOCIAL - | IAL SECURITY NUMBER: | | |
| | | | | | | | | |
| I have read the consent form and: | | | | | | | | |
| ☐ I authorize the Department of Agriculture, Trade and Conduct a background check. | Consu | mer Protection - | – Hu | ıman R | esource | es Offi | ce to | |
| ☐ I do not authorize the Department of Agriculture, Trad conduct a background check. I understand that without applicant for the current vacancy. | | | | | | | | |
| | | | | | | | | |
| APPLICANT SIGNATURE (Please type name to sign electronically): | | D | ATE S | IGNED | | | | |

Understanding and Authorization

I certify that all answers on this application and any attachments are true to the best of my knowledge and that I have not withheld any pertinent information.

I understand that omission, misrepresentation or false information submitted in connection with this application may result in refusal or dismissal from the program.

I understand that if accepted into the program I will be enrolled as an AmeriCorps member. All AmeriCorps Farm to School members must be at least 18 years old, a U.S. citizen or permanent resident alien, and have a high school diploma or GED. For more information about AmeriCorps go to:

www.nationalservice.gov/programs/americorps

In compliance with state and federal laws, the Wisconsin Department of Agriculture, Trade and Consumer Protection and AmeriCorps Farm to School partner agencies do not unlawfully discriminate against any individual on the basis of race, creed, color, handicap, marital status, sex, sexual orientation, national origin, religion, or ancestry. Personally identifiable information you provide may be used for purposes other than that for which it was collected. (s. 15.04 (1) (m), Wis. Stats.)

PRINT NAME

SIGNATURE (Please retype name to sign electronically):

DATE SIGNED

Please return completed application or direct questions to Dominique Bradley, Program Manager Dominique.Bradley@wiconsin.gov; (608) 224-5017